

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	LIGHT-STABILIZED SOFT CAPSULE FORMULATIONS
Attorney Docket Number::	MIZUTANI3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Akihiko

Middle Name::
Family Name:: MIZUTANI
Name Suffix::
City of Residence:: Toshima-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: 41-8, Takada 3-chome
City of Mailing Address:: Toshima-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 171-8545
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Hisakazu
Middle Name::
Family Name:: KATSUKI
Name Suffix::
City of Residence:: Kita-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: 5-1, Ukima 5-chome
City of Mailing Address:: Kita-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 115-8543
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Kenichi
Middle Name::
Family Name:: SAKAI
Name Suffix::

City of Residence:: Gotenba-shi
State or Province of Residence:: Shizuoka
Country of Residence:: Japan
Street of Mailing Address:: 135, Komakado 1-chome
City of Mailing Address:: Gotenba-shi
State or Province of Mailing Address:: Shizuoka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 412-8513

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/JP03/05823	05/09/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	134070/2002	05/09/02	Yes

Assignment Information

Assignee Name:: Chugai Seiyaku Kabushiki Kaisha
Street of Mailing Address:: 5-1, Ukima 5-chome
City of Mailing Address:: Kita-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 115-8543